REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

SECRETARY OF STATE

RECEIVED

JAN 1 Zul/

Secretary of State

Capitol Office

Delbert Hosemann

Name of Candidate Nickey Browning

Address 162 W. Oxford St. Pontotoc Ms 38863 County Pontotoc

Office Sought State Senator Email Address

Check here if above is different from previous report

_ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

	REPORT	ED CONTRIBUTION	NS A	ND DISBURSEMENTS		
	Itemized + Non	-itemized =		This Period		Calendar Year-To-Date
Total amount of contributions	\$ 3,900.00+\$	200.00	\$	4,100.00	\$	4100.00
Total amount of disbursements	\$3948,75+\$	3080.12	\$	7,028.87	\$	7,028.87
Total amount of cash on hand			\$	51,948,13		,
I certify that I have examin	ed this report and	to the best of my k	nowl	edge and belief it is tru	ie, ac	curate, and complete.

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Signature of Candidate

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.

Date

- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

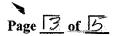
Name of Candidate						
Reporting period	 		_			
	ITE	MIZ	ED	RE	CE	IPTS

		\$4.50 kg
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Columbia Pipeline Group Inc. PAC.	<u>17</u> ,29,176	\$ 1,000.00
Mailing Address 10 G, Street N.E.		\$
City, State, Zip Code Washing fon D. C. 20002		\$
Name of Employer (Required) Columbia Pipeline		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
B. Source: Corporation PAC X Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
BNSF Railway	9123176	\$ 250.00
Mailing Address		\$ [
2500 Lou Menk Dr.	<u> </u>	P 1
City, State, Zip Code Fort Worth T-z 76131		\$
Name of Employer (Required)		\$
BNSF Railway	<u> </u>	9
Occupation (Required) Kallroad	Aggregate year–to-date	\$ 250.00
	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC NINdividual Loan Other (please specify) Full name AT T Mississipp PAC	Date	Amount of each receipt this period
C. Source Corporation PAC X Individual Loan Other (please specify) Full name AT + T Mississippi PAC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC NINdividual Loan Other (please specify) Full name AT T Mississipp PAC	Date (Mo., Day, Year)	Amount of each receipt this period \$ 350.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name AT + T Mississippi PAC Mailting Address III E. Capitul St. City, State, Zip Code Jackson Ms. 39201	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name HT + T Mississippi PAC Mailing Address II E. Capitul St. City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 350.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name AT + T Mississippi PAC Mailting Address III E. Capitul St. City, State, Zip Code Jackson Ms. 39201	Date (Mo., Day, Year)	Amount of each receipt this period \$ 350.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name AT + T Mississippi PAC Mailing Address /// E. Capitul St. City, State, Zip Code Jackson Ms. 39201 Name of Employer (Required)	Date (Mo., Day, Year) L / L / L L / L / Aggregate year-to-date	Amount of each receipt this period \$ 350.00 \$ Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name PAC PAC Mailing Address PAC Mailing Address PAC City, State, Zip Code PAC JACKSON MS : 3920 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 350.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name PAC PAC Mailting Address PAC Mailting Address PAC PAC Mailting Address PAC PAC Mailting Address PAC PAC Mailting Address PAC PAC Dity, State, Zip Code PAC PAC Name of Employer (Required) Occupation (Required) Other (please specify) Full name Full name Other (please specify) Other (please specify)	Date (Mo., Day, Year) L / L / L L / L / Aggregate year-to-date Date	Amount of each receipt this period \$ 350.00 \$ Amount of each receipt this period
Other (please specify) Full name AT * T Mississippi PAC Malling Address /// E. Capitul St. City, State, Zip Code JACKSon Ms. 39 201 Name of Employer (Required) Occupation (Required) D. Source: Corporation X PAC Individual Loan Other (please specify) Full name Address Mailing Address	Date (Mo., Day, Year) L/L/L/L Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 350.00 \$ \$ Amount of each receipt this period \$ 506.00
Other (please specify) Full name AT T Mississippi PAC Mailing Address /// E. Capiful St. City, State, Zip Code JACKSon Ms. 39201 Name of Employer (Required) Occupation (Required) D. Source: Corporation & PAC Individual Loan Other (please specify) Full name America Mailing Address /35 N. Church St	Date (Mo., Day, Year) L/L/L/L Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 350.00 \$ Amount of each receipt this period
Other (please specify) Full name AT T Mississippi PAC Mailing Address II E. Capitul St. City, State, Zip Code JACKSon Ms. 39 201 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Address I S N. Church St. City, State, Zip Code S Partan S. C. 29306	Date (Mo., Day, Year) L/L/L/L Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 350.00 \$ \$ Amount of each receipt this period \$ 506.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name AT	Date (Mo., Day, Year) L/L/L/L Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 350.00 \$ Amount of each receipt this period \$ 500.00
Other (please specify) Full name AT T Mississippi PAC Mailling Address /// E. Cupitul St. City, State, Zip Code JACKSon Ms. 39 201 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Other (please specify) Full name Advance America Mailling Address // 35 N. Church St City, State, Zip Code Spartan S. C. 29306 Name of Employer (Required)	Date (Mo., Day, Year) L/L/L/L Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 350.00 \$ \$ Amount of each receipt this period \$ 506.00 \$

Name of Candidate or Committee	Nickey Browning
Reporting period JAN: 1 2016	through Dec 31 2016
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ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Gulf State Toyoka INC.	四川山	\$ 350.00
Mailing Address 1375 Enclave Parkway		\$
City, State, Zip Code		\$
Houston Tetas 77077 Name of Employer (Required) Gulf State toyata		\$
Occupation (Required) Automobile Parts	Aggregate year-to-date	\$ 350.00
B. Source: Corporation PAC X Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
KCS Rail PAC	121/16/16	\$ 250'60
Mailing Address P.U. But 219335		\$
Kansus City Mo. 64121.9335	\Box \prime \Box \prime \Box	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name M1551551ppi Power Company State Proc Mailing Address		receipt this period
Full name Mississippi Power Company State Proc Mailing Address P. D. Box 4079	(Mo., Day, Year)	receipt this period \$ 55 D. 0 0
Full name Mississippi Power Company State Prac Malling Address P. D. Box 4079 City, State, Zip Code Gul Sport Ms. 39502	(Mo., Day, Year)	receipt this period \$ \$50.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name M1351551pp1 Power Company State Proc Mailing Address P. D. Box 4079 City, State, Zip Code Cul Sport M5 · 39507 Name of Employer (Required)	(Mo., Day, Year) 12 16 16 1 1 1 16 1 1 1 1 1 1 1 1 1 1	receipt this period \$ 55 D. 0 0
Other (please specify) Full name MISSISSIPPI POWER Company State Proc Mailing Address I. D. Box 4079 City, State, Zip Code Cru I Sport M5. 39507 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year)	receipt this period \$ \$50.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name M1351551pp1 Power Company State Proc Mailing Address P. D. Box 4079 City, State, Zip Code Cul Sport M5 · 39507 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ \$50.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name MISSISSIPPI POWCR Company State Proc Mailing Address L. D. Box 4079 City, State, Zip Code Could Port Ms. 39502 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC V Individual Loan Other (please specify)	(Mo., Day, Year) 12 16 16	receipt this period \$ \\ \frac{35 0 \cdot 0}{5} \] \$ \\ \$ \\ \$ \\ \$ \\ Amount of each receipt
Other (please specify) Full name Malling Address D. Source: Corporation PAC Mindividual Loan Other (please specify) Full name Electric Power Ass. Ph.c. Mailing Address	(Mo., Day, Year) 12 16 16	receipt this period \$ \(35 \ D \cdot \cd
Other (please specify) Full name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Cal Sport Ms. 39502 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC V Individual Loan Other (please specify) Full name Electric Power Ass. Phc Mailing Address D. D. By 3306 City, State, Zip Code	(Mo., Day, Year) 12 16 16	receipt this period \$ \(\frac{350.00}{0} \) \$ \(\frac{350.00}{0} \) Amount of each receipt this period \$ \(\frac{500.00}{0} \)
Other (please specify) Full name MJ551551pp1 Power Company State Pac Malling Address D. D. Box 4079 City, State, Zip Code Cul Sport M5 · 39502 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC V Individual Loan Other (please specify) Full name Electric Power Ass. Phc Mailing Address D. Box 3300 City, State, Zip Code	(Mo., Day, Year) 12 16 16	receipt this period \$ \(\frac{35}{0.00} \) \$ \(\frac{35}{0.00} \) Amount of each receipt this period \$ \(\frac{500.00}{0.00} \) \$ \(\frac{500.00}{0.00} \)



Name of Candidate or Committe	e Nickel	y Bro	Wning		
Reporting period Jun 1 20	16	through	Dec 31	2016	
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A. Source: Corporation PAC X Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name EN- Pac Ms.	12/28/16	\$ 35000
Mailing Address P.O. Bul 1646		\$
City, State, Zip Code TACK 50m Ms · 39215 · 1644		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 350.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate	\$
<u>] </u>	year-to-date	** ** *** ****
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date	receipt this period
Other (please specify)	Date	receipt this period
Other (please specify) Full name Mailing Address	Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code	Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) // / / / // / / Aggregate	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) ///// //// //// Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///// //// //// Aggregate year-to-date Date	s Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///// //// //// Aggregate year-to-date Date	receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) ///// //// //// Aggregate year-to-date Date	receipt this period \$

Name of Candidate or Committee	Nicken	Browning	
Reporting period JAN	2016	through <u>Dec. 31</u>	2016

ITEMIZED DISBURSEMENTS

A. Full name C-Spire	Date (Mo., Day, Year)	Amount of each disbursement this period
Hwy 15 N	112516	\$ 138.00
City, State Zip Code 1011 Holes MS. 38863	2 , 29, 16	s 175.56
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	312216	\$ 127.41
City, State, Zip Code	4115116	s 177.41
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
c. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address /	5,18,16	
City, State, Zip Code	6114116	s 171.66 s 176.53
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name C - Spire Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7129116	
City, State, Zip Code	8 124 1 16	\$ 178.38 \$ 176.53
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name C- Spire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address *	1 16/16	\$ 178.38
City, State, Zip Code	10/16/16	\$ 178.38
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name C - Spire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address /	11/21/16	\$ 179.40
City, State, Zip Code	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 1863. 68

Name of Candidate or Committee	. <u>Nicker</u> Browning	
Deposition period To 1	2011 through 02 3	1 - 71/

ITEMIZED DISBURSEMENTS

A. Full name United States P.O. Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy (5 N) - City, State, Zip Code	<u>519116</u>	\$ /02.00
Pontota Ms. 38863	10 1 231 16	\$ 200,00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
United States P.O.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 15 N.	12,20,16	\$ 75.20
Pontota Ms. 38863	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3117. 20
C. Full name Wal - Mort Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address HWY 15 N City, State, Zip Code	8115116	\$ 102.62
Pontotoc Ms. 38863	8122116	\$ 102.62 \$ 53.43
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name Wal - Mort	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address HWY 15 N.	12129116	\$ 47.08
City, State, Zip Code Pontotoc Ms. 38863	12/13/16	\$ 4.71
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 207.87
E. Full name Nickey Browning	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address / 162 W. Oxford St.	//	\$ 1,500.00
City, State, Zip Gode Pontotoc Ms. 38863	//	\$
Purpose of Disbursement (Optional) Personal Expense Reimbursement	Aggregate Year-to-date	\$ 1,500.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$